

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15109

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
 (b) City or town Rural Ninevah Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ###
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ##
 In this community All his life
 years, months or days (Specify whether)

3. (a) PRINT

FULL NAME Geo. W. Hammonds

3. (b) If veteran,

name war No

3. (c) Social Security

No. ###

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive ## years
Mary J. Hammonds
 7. Birth date of deceased Jan. 8, 1847
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
97 hr. min.

9. Birthplace Lincoln, Co. Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer11. Industry or business ###12. Name Joe Hammonds

13. Birthplace Ky. (City, town, or county) (State or foreign country) 1

14. Maiden name Sarah Brown

15. Birthplace Ky. (City, town, or county) (State or foreign country) 1

16. (a) Informant Joe Hammonds(b) Address Olney, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/1944
 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery18. (a) Signature of funeral director W. P. Dammund(b) Address Silex, Mo.

19. (a) Mar. 25/44 (b) Mrs. Iley Jackson
 (Date received local registrar) (Registrar's Signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln 57
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. ## (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ## 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
 year 1944 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 7 19 44
 that I last saw him alive on Jan 7 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia.

Duration

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 Means of injury 0

23. Signature R. M. Penn (M. D. 1/9/44)
 Address Silex, Mo. Date signed 1/9/44

1186

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4. 28. 48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No. X.X
working under my personal supervision.

Signed

W. R. Dunning

Licensed Embalmer No.

2251

P. O. Address

Sub Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.